

**CITY OF SAINT PAUL**  
**OFFICE OF LICENSE, INSPECTIONS AND ENVIRONMENTAL PROTECTION**  
 350 St. Peter Street, Suite 300  
 Saint Paul, MN 55102-1510  
 General Information: 651-266-9090 - Code Compliance: 651-266-9016 - Fax: 651-266-9124  
 Visit our web site: [www.liep.us](http://www.liep.us)

**FOLDER #**

(for office use only)

**APPLICATION FOR STRUCTURE INSPECTION**

**NOTE:** Structures moved into or within this jurisdiction are required to comply with the provisions of the State Building Code for new buildings or structures.

**PRESENT LOCATION OF BUILDING**\_\_\_\_\_

Identification # and/or description of structure:\_\_\_\_\_

**TYPE OF BUILDING:**

Single\_\_\_\_\_ Duplex\_\_\_\_\_ Apartment\_\_\_\_\_ Commercial\_\_\_\_\_ Garage\_\_\_\_\_

**Size:** Width\_\_\_\_\_ Length\_\_\_\_\_ Height\_\_\_\_\_ **Number of Stories**\_\_\_\_\_ **Basement:** Yes or No  
(circle one)

**NEW LOCATION OF BUILDING**\_\_\_\_\_

Lot\_\_\_\_\_ Block\_\_\_\_\_ Addition\_\_\_\_\_

Movers Name / Phone Number\_\_\_\_\_

**APPLICANT:** Name\_\_\_\_\_

Address\_\_\_\_\_

City/State\_\_\_\_\_ Zip\_\_\_\_\_

Day time Phone(\_\_\_\_)\_\_\_\_\_

Fax(\_\_\_\_)\_\_\_\_\_

Foundation

Permit#:\_\_\_\_-\_\_\_\_\_

**FEE SCHEDULE FOR INSPECTIONS OF BUILDINGS TO BE MOVED:**




Fees Effective: 04/02/2003

a) Garages and Group U occupancies.....\$ 53.00

b) Dwelling other than Group U occupancies..... \$ 80.00

c) Structures located outside city limits will have an additional fee of \$55.00 per hour including travel time (minimum charge - one [1] hour)

*IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:*

☐ American Express
 ☐ Discover
 ☐ MasterCard
 ☐ Visa

**Expiration Date:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature of Card Holder (required for all charges) \_\_\_\_\_ Date \_\_\_\_\_

**INSPECTOR'S COMMENTS AND / OR CORRECTIONS TO BE MADE:**

EXTERIOR:

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INTERIOR:

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NEW LOCATION:

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*PLUMBING, ELECTRICAL, HVAC SHALL BE UPGRADED TO MEET CODE*

MOVE STATUS: ☐ OK TO MOVE WITH CORRECTIONS

☐ NOT OK TO MOVE

INSPECTOR'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

INSPECTOR'S PHONE# (651) \_\_\_\_\_ - \_\_\_\_\_

**Attention Inspector:**

**Please return signed inspection results to: \_\_\_\_\_ at the front counter.**